

Where the syndromic approach is used, reporting will obviously be of syndromes. Knowledge of the relative prevalence of causative organisms will allow a reasonably accurate estimate of the incidence or prevalence of these aetiologies, which could be confirmed by occasional microbiological studies.

There are clearly compelling arguments in favour of a syndromic approach to the management of symptomatic STD. These arguments do not differ substantially from those for similar approaches to other widely prevalent public health problems, such as for instance acute respiratory infections in children. This, however, does not mean that further progress is not possible. More research is needed to increase the sensitivity, specificity and cost-effectiveness of the syndromic approach, and especially in respect of cervical and vaginal infections. More research is also needed to develop simple and rapid diagnostic tests for sexually transmitted infections, which may allow for aetiological management of people with STDs. Till such tests are available there is no feasible alternative to the syndromic approach for STD case management in most parts of the world.

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BOOK REVIEW

Sexual Health Promotion in General Practice. By H CURTIS, T HOOLINGHAN, C JEWITT. Oxford. Radcliffe Medical Press. (Pp 130; £15) ISBN 1-85775-131-0

Here is a book attempting, in its 120 pages, a great deal—a synopsis of all the issues relating to sexual health that could be useful to those working in primary care. It succeeds on one level merely by its existence; there is very little in print in this area. The book brings together psychosexual, ethical, contraceptive and GUM topics in the form of a handbook, and seems to be aimed at readers with little experience in these fields. As such, it is a useful beginning, if only to introduce and validate ideas.

Possibly the most useful section is that dealing with taking a sexual history. Professionals rarely receive training in this skill, and it is learned (or not, as the case may be) in practice. "It is the professional's responsibility to enable the patient to be honest" is an admirable summary of what is

necessary. *Providing Condoms* is another useful chapter, supplying both information and a model for project development, which could serve as a pattern for a variety of educational undertakings.

Unfortunately, the format makes this book difficult to read; it is composed of running text thickly interspersed with highlighted lists and boxed summaries. Thus, on nearly every page the reader is faced with an uneasy choice between reading on or considering the contents of a box. As a result, the book may be most useful as a reference—though unhappily, the index is poor.

Also disappointing are the omissions. There are no cases or anecdotes to flesh out the good advice; there is no humour, no acknowledgement that sex is a pleasure, and sometimes absurd. The subtly coded presentations of sexual distress (as in, "It's the thrush again doctor, just let me have a prescription . . .") are missing, and the chapter on contraception would have benefited from a mention of the woman who finds *no* contraceptive method acceptable.

There are disappointing factual omissions as well; contact tracing is correctly noted to be mandatory in diagnosed chlamydial infection, but is not mentioned in relation to pelvic inflammatory disease. Similarly, bacterial vaginosis is well discussed, but not identified as the most common cause of vaginal discharge in primary care. And, regrettably, the professional's own fears and guilts about sexuality, and how these affect the carer/patient relationship, are scarcely addressed. In no other area of health care are the patient and the professional so likely to have similar experiences and anxieties, and therefore the relationship is uniquely risky and rewarding. This volume, in spite of its usefulness, only touches obliquely on these matters, though they are central to any consideration of sexual health.

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